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CONFIRMATION NO. 8794

<b>SERIAL NUMBER</b> 10/601,966	<b>FILING OR 371(c) DATE</b> 06/23/2003 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> 279.B15US1
<b>APPLICANTS</b> Scott T. Mazar, Inver Grove Heights, MN; <b>** CONTINUING DATA *****</b> <i>[Signature]</i> <b>** FOREIGN APPLICATIONS *****</b> <i>[Signature]</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/18/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 49
<b>INDEPENDENT CLAIMS</b> 9				
<b>ADDRESS</b> 21186				
<b>TITLE</b> SYSTEMS, DEVICES, AND METHODS FOR SELECTIVELY PREVENTING DATA TRANSFER FROM A MEDICAL DEVICE				
<b>FILING FEE RECEIVED</b> 1776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	